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CONFIRMATION NO. 3932

SERIAL NUMBER 10/797,666	FILING OR 371(c) DATE 03/08/2004 RULE <i>MH 11-2</i>	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 53951-097	
APPLICANTS James M. Brugger, Newburyport, MA; Jeffrey H. Burbank, Boxford, MA; Dennis M. Treu, Bedford, NH; <div style="text-align: right;"><i>MH 11-2</i></div>					
** CONTINUING DATA ***** This application is a DIV of 09/865,905 05/24/2001 PAT 6,852,090 which is a CON of 09/513,773 02/25/2000 PAT 6,579,253 <div style="text-align: right;"><i>MH 11-2</i></div>					
** FOREIGN APPLICATIONS ***** <div style="text-align: right;"><i>none MH 11-2</i></div>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	<i>MH 11-2</i> SHEETS DRAWING 22	<i>MH 11-2</i> TOTAL CLAIMS 8	<i>MH 11-2</i> INDEPENDENT CLAIMS 3
ADDRESS 21890					
TITLE Blood-contactless measurement of arterial pressure					
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		